İ	PATENT APPLICATION FEE DETERMINATION RECO Efféctive October 1, 2003							10738919				
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER TH				
	TOTAL CLAIM:	16				ŀ	RATE	FEE]	RATE	FEE	
F	FOR		NUMBER FILED		NUMBER EXTRA			BASIC F	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			16 mi	6 minus 20=		ď		X\$ 9=		OR	·X\$18=	
1	NDEPENDENT (CLAIMS	minus 3 =		8		·	X43=		OR	X86=	,
	MULTIPLE DEPE	NDENT CLAIM P	RESENT				+145			OR	+290=	
*	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	970
CLAIMS AS AMENDED - PART II										OTHER		
/_	34.05 (Column 1)		(Colum		nn 2) (Column 3)		1 ,	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS . REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.16	Minus	* 2	0			X\$ 9=		OR	X\$18=	
	Independent	• 1	Minus	2	3	= -		X43=		OR	X86=	—
L	FIRST PRESENTATION OF MULTIPLE DEPENDEN			PENDENT	CLAIM			+145=		OR	+290=	, ·
								TOTAL		OR'	TOTAL ADOIT, FEE	
		(Column 1)		• • • • • • • • • • • • • • • • • • • •		,						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ÚSLY ER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	et '		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus .	***		-		X43=		OR	X86=	
	FIRST PRESE	JLTIPLE DEF	PENDENT	CLAIM	<u> </u>		+145=		OR	+290=		
						•	ı. A	TOTAL		OR ,	TOTAL ADDIT. FEE	
	•	(Column 1)	•	(Colum	n 2)	(Column 3)					.•	1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RAŢE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
			Minus			· = · · · · · · · · · · · · · · · · ·		X\$ 9=]		OR	``X\$18≟	
	Independent	4	Minus '	4++ .		=	-	X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT FEE												
•••	If the "Highest Nur	nber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is I	less than	3, enter "3."			propriate box			

Application or Docket Number